FORM D

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Washington, D.C. 20549





NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC_USI	E ONLY
Prefix	Serial
	1
DATE RE	CEIVED
}	1

Name of Offering (☐ check	k if this is an amendment and	d name has chang	ed, and indicate cl	nange.)				
Series C Convertible Preferred	Stock Purchase Offering				_			
Filing Under (Check box(es) that	apply): □ Rule 504	☐ Rule 505	<b>■</b> Rule 506	☐ Section 4(6)	" ULOBROCESSEL			
Type of Filing:	Filing	ıt			PROCESOE-			
	A. BAS	IC IDENTIFIC	CATION DATA		2/ 2003			
1. Enter the information reques	ted about the issuer				( JUL 2 1 2000			
Name of Issuer ( check if this is	an amendment and name h	as changed, and in	ndicate change.)		THOMSON			
Matries, Inc.					FINANCIAL			
Address of Executive Offices	(Number and Street, C	City, State, Zip Co	ode)	Telephone Numb	per (Including Area Code)			
Columbia Corporate Park I, 88	50 Stanford Blvd, Ste. 3000	), Columbia, MD	21045	(410) 872-0300				
Address of Principal Business Op	dress of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)							
(if different from Executive Offic	es)			·				
Brief Description of Business:								
Develop rfid technology								
Type of Business Organization					E Propu			
■ corporation	☐ limited partnership	, already formed	□ othe	r (please specify):	RECEIVED			
☐ business trust	☐ limited p	artnership, to be	formed					
	Ŋ	Month Year			JUL 2 3 2003			
Actual or Estimated Date of Incom	rporation or Organization:	0 7	0 0	🗷 Actual 🗖 Esti	mated 2000			
Jurisdiction of Incorporation or C	Organization: (Enter two-lett	ter U.S. Postal Se	rvice abbreviation	for State:				
	CN for Canada; FN fo	or other foreign ju	risdiction) D	E				
GENERAL INSTRUCTIONS					11/3/			

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Novak Biddle Venture Partners III, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 7501 Wisconsin Avenue, Suite 1380, Bethesda, Maryland 20814 Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Carlyle Venture Partners II, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 1001 Pennsylvania Avenue, N.W., Suite 220 South, Washington, DC 20004 Check Box(es) that Apply: ☐ Promoter **■** Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Polaris Venture Partners III, L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 1000 Winter Street, Suite 3350, Waltham, Massachusetts 02451 Check Box(es) that Apply: Promoter ☐ Beneficial Owner **☑** Executive Officer ☑ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Sodha, Piyush Business or Residence Address (Number and Street, City, State, Zip Code) Columbia Corporate Park I, 8850 Stanford Blvd, Ste. 3000, Columbia, Maryland 21045 ☐ General and/or Check Box(es) that Apply: 

Promoter □ Beneficial Owner ☐ Executive Officer ☑ Director Managing Partner Full Name (Last name first, if individual) Coburn, Brooke Business or Residence Address (Number and Street, City, State, Zip Code) Columbia Corporate Park I, 8850 Stanford Blvd, Ste. 3000, Columbia, Maryland 21045 ☐ Beneficial Owner ☐ Executive Officer ☑ Director Check Box(es) that Apply: ☐ Promoter ☐ General and/or Managing Partner Full Name (Last name first, if individual) Ein, Mark Business or Residence Address (Number and Street, City, State, Zip Code) Columbia Corporate Park I, 8850 Stanford Blvd, Ste. 3000, Columbia, Maryland 21045 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner □ Executive Officer ☑ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Spoon, Alan Business or Residence Address (Number and Street, City, State, Zip Code) Columbia Corporate Park I, 8850 Stanford Blvd, Ste. 3000, Columbia, Maryland 21045

### Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer **⊠** Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Biddle, Jack Business or Residence Address (Number and Street, City, State, Zip Code) Columbia Corporate Park I, 8850 Stanford Blvd, Ste. 3000, Columbia, Maryland 21045 ☐ Beneficial Owner ☑ Director Check Box(es) that Apply: ☐ Promoter □ Executive Officer ☐ General and/or Managing Partner Full Name (Last name first, if individual) Arneson, Mike Business or Residence Address (Number and Street, City, State, Zip Code) Columbia Corporate Park I, 8850 Stanford Blvd, Ste. 3000, Columbia, Maryland 21045 ☐ Beneficial Owner ☐ Executive Officer ☐ Director Check Box(es) that Apply: ☐ Promoter ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director Check Box(es) that Apply: ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ Promoter ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) REST1:527108.v1 301529-1

A. BASIC IDENTIFICATON DATA

Enter the information requested for the following:

Each promoter of the issuer, if the issuer has been organized within the past five years;

			-		B. INF	ORMATI	ON ABOU	JT OFFEI	RING				
						• • •						Yes	No
1. I	Has the i	issuer so	old, or doe	s the issuer	intend to	sell, to non	-accredited	l investors	in this offer	ing?	*******		×
			,				c, Column 2,						
						••							
2.	What is	the min	imum inve	stment that	will be ac	cepted from	m any indiv	/idual?				. \$ <u>N</u>	one
•						•	•					Yes	No
3. I	Does the	offerin	g nermit i	oint owners	hip of a si	ngle unit? .			•••••			×	
			8 F ****** J									· <del>-</del>	_
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, a										anv			
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in													
									r or dealer				
									nan five (5)				
									for that bro			are	
	associate	eu perso	ons of such	i a biokei o	i dealer, y	ou may set	torur ute i	поппаноп	ioi mai bro	kei oi dea	iei omy.		-
Full 1	Name (I	∠ast nan	ne first, if i	individual)									
Busi	ness or I	Residen	ce Addres:	s (Number :	and Street,	City, State	e, Zip Code	e)					
			D 1	D 1	····								
Nam	e of Ass	ociated	Broker or	Dealer									
State	s in Wh	ich Pers	on Listed	Has Solicit	ed or Inter	de to Solie	cit Purchas	erc					
State	,5 III 17 II	ich i ch	on Listed	Tius Somen	ca or mici	ids to som	bit i di ciido	<b>C</b> 13					
(Che	ck "All	States"	or check is	ndividual S	tates)							🗆 All S	States
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[RI]		SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
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Full.	Name (I	Last nan	ne first, if	individual)									
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Dusi	11622 01 1	Kesideli	ce Audies	s (Nulliber	and Succi,	, City, Stati	e, Zip Cou	<del>5)</del>					
Nam	e of Ass	ociated	Broker or	· Dealer		<del></del>							
1 (4111	OI TEST	ociated	DIONCI OI	Bealer									
State	es in Wh	ich Per	son Listed	Has Solicit	ed or Inter	nds to Soli	cit Purchas	ers					
(Che	ck "All	States"	or check i	ndividual S	tates)			•••••				🗖 All S	States
[AL		AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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[RI	] [	SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full	Name (	ast nar	ne first if	individual)			-						
	(1	_400 1141	riibi, 11	<i>-</i>									
Busi	ness or	Residen	ce Addres	s (Number	and Street	City, Stat	e, Zip Cod	e)					
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Nam	ne of Ass	sociated	Broker or	Dealer									
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State	es in Wh	ich Per	son Listed	Has Solicit	ted or Inter	nds to Soli	cit Purchas	ers					
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[MT		NE]	[VV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI	. ] [	SC]	[SD] _	[TN]	[TX]	[UT]	[ TV ]	[ AV ]	[AW]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

🗷 and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt......\$ ☐ Common ☑ Preferred Convertible Securities (including warrants)......\$ Partnership Interests......\$\_\_\_\_\_ Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases \$<u>13,035,820.00</u> Non-accredited Investors Total (for filings under Rule 504 only) \$ Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C—Question 1. Type of Dollar Amount Type of offering Security Sold Rule 505..... Regulation A \_\_\_\_\_\_ Rule 504..... Total ..... a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs.... \$\_45,000 Legal Fees Accounting Fees. Engineering Fees. Sales Commissions (specify finders' fees separately)..... Other Expenses (identify) \_\_\_ Total ..... 45,000

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box

	total expenses furnished in response to Par	offering price given in response to Part C-Question 1 and t C-Question 4.a. This difference is the "adjusted gross		\$	12	2,990,820.00
5.	the purposes shown. If the amount for any p	oss proceeds to the issuer used or proposed to be used for purpose is not known, furnish an estimate and check the boats listed must equal the adjusted gross proceeds to the is ove.	x to	the		
	, ,			Payments to ficers, Directors & Affiliates	3	Payments to Others
	Salaries and fees		\$_			\$
		ation of machinery and equipment	_			
	_	s and facilities				
		ng the value of securities involved in this				
	offering that may be used in exchange for	or the assets or securities of another				
				<del></del>		\$
	Repayment of indebtedness		1 \$_			\$
	Working capital		1 \$_		×	\$ <u>12,990,820.00</u>
	Other (specify):		1 \$_			\$
			1 \$_			\$
	Column Totals		1 \$_		X	\$ <u>12,990,820.00</u>
		D. FEDERAL SIGNATURE				
sig	e issuer has duly caused this notice to be signed nature constitutes an undertaking by the issuer	by the undersigned duly authorized person. If this notice to furnish to the U.S. Securities and Exchange Commission credited investor pursuant to paragraph (b)(2) of Rule 502.	is fil	led under Rule :	505,	the following
	uer (Print or Type)	Signature	- 1	ate		
M	atrics, Inc.	Czyn rdhe	J	uly 11, 2003		
	me of Signer (Print or Type) yush Sodha	Title of Signer (Print or Type) Chief Executive Officer				
		ATTENTION				
Щ.	Intentional misstatements or o	omissions of fact constitute federal criminal violations. (	<u>see</u>	18 U.S.C. 1003	ι.)	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

		E. STATE SIGNATURE		4.4
1.	Is any party described in 17 CFR 230.262 presrule?		<del>-</del>	Yes No □ ⊠
	See Appen	ix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to fit CFR 239.500) at such times as required by state		state in which this notice is filed	1, a notice on Form D (1
3.	The undersigned issuer hereby undertakes to offerees.	urnish to the state administrators, upo	on written request, information f	urnished by the issuer t
4.	The undersigned issuer represents that the iss Offering Exemption (ULOE) of the state in whas the burden of establishing that these conditions that these conditions is the state of the st	ch this notice is filed and understands		
	e issuer has read this notification and knows the y authorized person.	contents to be true and has duly caused	d this notice to be signed on its b	pehalf by the undersigne
	uer (Print or Type) atrics, Inc.	Signature	Date July 11, 2	003
	me of Signer (Print or Type) yush Sodha	Title of Signer (Print or Type) Chief Executive Officer		

#### Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

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## APPENDIX

1	:	2	3	4			5				
•	non-acc	o sell to credited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)					Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	Common Stock	Number of Accredited Investors	Number of Accredited Number of Non-Accredited				No		
AL											
AK											
ΑZ											
AR											
CA											
_ co											
СТ				,							
DE											
DC		Х	Preferred Stock (\$4,512,499.25)	5	\$4,512,499.25	0	0		Х		
FL											
GA											
HI		!		ļ							
ID											
IL											
IN											
IA											
KS											
KY											
LA			 		_						
ME											
MD		Х	Preferred Stock (\$3,150,000.00)	2	\$3,150,000.00	0	0		X		
МА		Х	Preferred Stock (\$4,449,999.75)	3	\$4,449,999.75	0	0		Х		
MI											
MN											
MS											
MO						:					

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1	2		3			4	<u></u>	5		
•	non-action	to sell to credited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)					Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	Common Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
MT										
NE										
NV				- · · · · ·						
NH										
NJ										
NM			MANUAL .							
NY										
NC										
ND										
ОН	<u></u>									
OK	<u> </u>		· · · · · · · · · · · · · · · · · · ·							
OR		-								
PA					ļ					
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SD	ļ									
TN										
TX	<u> </u>						<u> </u>			
UT	<u> </u>					,				
VT					ļ					
VA		Х	Preferred Stock (\$723,320.50)	3	\$723,320.50	0	0		Х	
WA										
WV	<u> </u>									
WI										
WY										
PR										